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**Commission on Narcotic Drugs**
**Sixty-first session**
Vienna, 12–16 March 2018

## Statement submitted by the Association Proyecto Hombre*

The Secretary-General has received the following paper, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Substance Use Disorders (SUDs) constitute a public health and security problem both in developed and developing countries. Nowadays, scientific evidence has established that SUDs are a multifactorial disorder associated with a variety of individual vulnerability conditions and social factors such as poverty, exposure to violence, crime and social exclusion. Strengthening prevention and treatment for people suffering from substance-abuse is an essential demand reduction strategy of critical public health importance.

The United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO) International Standards for the Treatment of Drug Use Disorders encourage all Member States to consider expanding the coverage and improving the quality of drug treatment programmes, interventions and policies on the basis of scientific evidence. The Standards recommend comprehensive and balanced approaches, and suggest scientific and human right-based treatment modalities such as outreach working, and outpatient and residential programmes. Therapeutic Communities (TCs) are one of the most common and widely available treatment models worldwide.

The present statement aims at contributing to the sixty-first session of the Commission on Narcotic Drugs with some proposals and remarks elaborated by the principal international associations and non-governmental organizations (NGOs) representing a large part of the Therapeutic Communities presently in operation:

(a) We firstly emphasize on the fact that we directly represent 905 organizations located in nearly all the regions of the world. These NGOs treat more than 700,000 affected people every year, counting on the workforce of 32,500 accredited professionals;

(b) Nonetheless, there is a lot to be done. In recent reports, it is noted that four out of five substance abusers do not have access to treatment. Therefore, we urge the international community to ensure available, accessible, early and affordable drug treatment, focusing on the most marginalized populations, while sharing the concern regarding new emerging threats such as the proliferation of the amphetamine-type stimulants, the synthetic opioid crisis or the abuse of cannabis and new psychoactive substances;

(c) It is of the utmost importance to inform you that, since their origins in 1958, Therapeutic Communities have been adapting their work to the needs of people with SUDs, especially when the latter and their families have to face adverse conditions, helping them through an ongoing, multi-dimensional process of change leading to improved functioning and quality of life on several domains, including substance use, physical and mental health, housing, employment, other meaningful activities and social participation, thus restoring their dignity and personal well-being and, as a result, while being able to promote healthier, more sustainable societies;

(d) Therapeutic Communities are grounded in a not-for-profit, community-based treatment model that utilizes the bio-psycho-social approach in addition to mutual aid, professional guidance and an orientation towards social reintegration. Their work is developed in accordance with the UNODC-WHO Standards on the Treatment of Drug Use Disorders;

(e) Therapeutic Communities assist a wide range of addiction profiles, with an increasing attention to specific vulnerable groups such as women, children, the homeless, people with HIV and other blood-borne diseases, co-occurring disorders, offenders, ethnic minorities and others. The interventions shall be adapted to the participants' needs and their cultural, gender, economic, social and religious backgrounds. Nowadays, many NGOs are capable of aiding these heterogeneous groups through multi-service facilities with interdisciplinary professional teams;

(f) We strongly demand that the social, health and criminal justice systems be supportive of long-term treatments. Recovering one's health and social well-being requires time and dedication, and adequate rehabilitation requires most often than not that the person take steps forward and backward, while at the same time having to

change their life habits and behaviours. In addition, we highly recommend aftercare services focusing on effective social reintegration. These follow-up programmes are crucial in reducing relapse episodes;

(g) We should encourage families to be truly engaged in the person's rehabilitation process. Several studies have shown higher treatment adherence and lower relapse levels when there is a higher participation of family members;

(h) We invite Member States and UNODC to review the latest science of TCs models in the field of drug-dependence treatment and care, in order to transfer best practices to drug-demand reduction policies. Adequate research, outcomes measurements and evaluation of interventions must be unequivocally promoted. TCs are committed to developing more research in collaboration with UNODC-WHO, Member States and other governmental agencies, demonstrating the meaningful long-term outcomes of the TC model as well as its impact on society as a whole;

(i) We believe it is necessary to put more reliance on grass-root NGOs, while enabling them to play a more active role with UNODC-WHO and the Member States in the formulation and implementation of drug-demand reduction policies. They may become true allies in achieving the crucial goals of the 2009 Political Declaration and Plan of Action, not to mention the plans to be prepared in the future. We need to work in partnership, complementing each other towards the same ends. Many NGOs are experienced, socially accepted organizations that are committed to working in their communities while destigmatizing drug-dependent populations. They have the capacity to raise funds and request partnerships from private sources, engage media or solicit volunteers. NGOs are used to dealing with a permanent lack of resources. Some studies have already highlighted the cost-effectiveness of the action plans implemented by NGOs based on the TC model;

(j) In conclusion, we encourage the representatives of Member States and agencies to recognize the invaluable work of the Therapeutic Communities as an irreplaceable approach for the rehabilitation and social reintegration of people with SUDs. In some countries, Therapeutic Communities are neither sufficiently accepted nor adequately funded. Accordingly, the most marginalized populations are scarcely able to access proper treatment.

Asociación Proyecto Hombre[1]

Australasian Therapeutic Communities Association

Dianova International

European Federation of Therapeutic Communities

Euro-TC

Federación Latinoamericana de Comunidades Terapéuticas

Therapeutic Center for Dependent Individuals — KETHEA

Therapeutic Communities Federation of Asia

Treatment Communities of America

World Federation of Therapeutic Communities

[1] The Association Proyecto Hombre is a NGO in Special Consultative Status with ECOSOC that unites 27 non-profit institutions in Spain, working on drug prevention, rehabilitation and social reintegration. Since 1984, it has assisted more than 350,000 addicted people and their families.

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## Statement submitted by the International Drug Policy Consortium*

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# What comes next? Post-UNGASS options for 2019[1]

## Introduction

The 2016 UNGASS on drugs was a critical moment for drug policy reform[2] and was hailed as an opportunity "to conduct a wide-ranging and open debate that considers all options".[3] In June 2017, the United Nations Secretary-General welcomed the UNGASS Outcome Document as a "forward-looking blueprint for action" and called on governments to "honour the unanimous commitments" made.[4]

The next opportunity to build on the important progress made at UNGASS is the Ministerial Segment of the 62nd session of the Commission on Narcotic Drugs, as agreed in Commission on Narcotic Drugs resolution 60/1.[5] 2019 is the target date established in the 2009 Political Declaration and Plan of Action[6] "for States to eliminate or reduce significantly and measurably" illicit drug supply and demand, the diversion and trafficking of precursors and money laundering.[7] Evidence from the United Nations itself shows that these targets are unachievable, and in the 2017 World Drug Report, UNODC stated clearly that the "drug market is thriving".[8]

The 2019 moment is fast approaching, and the modalities for the event will likely be finalized at the 61st session of the Commission on Narcotic Drugs, via resolution L3.[9] In this context, it is critical that a clear process be established to:

(a) Review progress made in light of the 2019 target date set in paragraph 36 of the 2009 Political Declaration (main trends, achievements and gaps);

(b) Conduct a genuine debate on the state of global drug policy, considering "all options", and involving all relevant stakeholders;

(c) Delineate a roadmap for 2019 and beyond to operationalize the recommendations included in the UNGASS Outcome Document.

## An honest review of progress made since 2009

The United Nations drug control system has repeatedly set unrealistic goals to reduce and even eradicate global drug markets. This has left member States with a difficult dilemma — how to emphasize the ongoing priority of an escalating world drug problem, without openly acknowledging the inherent failure and ineffectiveness of existing approaches. The inability to provide an honest critique hampers progress and the exploration of urgently needed new approaches. 2019 therefore constitutes a

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[1] A more detailed version of this paper is available here: http://idpc.net/publications/2018/01/what-comes-next-post-ungass-options-for-2019-version-4.

[2] For more detailed analysis see, for example: International Drug Policy Consortium (September 2016), *The UNGASS on the world drug problem: Report of proceedings*, http://idpc.net/publications/2016/09/the-ungass-on-the-world-drug-problem-report-of-proceedings.

[3] United Nations Secretary-General (26 June 2013), *Secretary-General's remarks at the special event on the International Day against Drug Abuse and illicit Trafficking*, https://www.un.org/sg/en/content/sg/statement/2013-06-26/secretary-generals-remarks-special-event-international-day-against.

[4] https://www.un.org/sg/en/content/sg/statement/2017-06-26/secretary-generals-message-international-day-against-drug-abuse-and.

[5] Commission on Narcotic Drugs (March 2017), *Resolution 60/1. Preparations for the sixty-second session of the Commission on Narcotic Drugs in 2019*, https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_60/CNDres_2017/Resolution_60_1_60CND.pdf.

[6] Commission on Narcotic Drugs (March 2009), *Political Declaration and Plan of Action on international cooperation towards an integrated and balanced strategy to counter the world drug problem*, https://www.unodc.org/documents/ungass2016/V0984963-English.pdf.

[7] Ibid., p. 36.

[8] United Nations Office on Drugs and Crime (2017), "Executive summary: Conclusions and policy recommendations", *World Drug Report 2017*, https://www.unodc.org/wdr2017/field/Booklet_1_EXSUM.pdf.

[9] "Preparations for the sixty-second session of the Commission on Narcotic Drugs, in 2019", http://undocs.org/E/CN.7/2018/L.3.

crucial opportunity for a long-overdue evaluation to explore progress made (or lack thereof) since the adoption of the 2009 Political Declaration. To ensure that the process is truly participatory, a United Nations inter-agency working group should be established, and call for inputs from member States, United Nations agencies and civil society — using a model similar to the pre-UNGASS call for contributions.[10]

## Reviewing of how progress is evaluated for drug control

As the 2009 goals and targets will expire in 2019, the Ministerial Segment is a key opportunity to consider new indicators to evaluate progress in global drug control for the next decade. The review would incorporate UNODC's current efforts to update the annual report questionnaire (ARQ), in order to better reflect the new priority areas within the UNGASS Outcome Document. An improved mode of data collection and analysis is crucial to adequately monitor progress and impact. Several NGOs have been working over recent years to identify more measurable, realistic and relevant indicators.[11]

This review requires three considerations. First, the need to move away from process indicators (i.e. numbers of arrests, seizures and areas of crops eradicated)[12] and consider outcome indicators (i.e. impacts on health, human rights, levels of corruption, violence and impunity). Second, some of the current imprecise, unrealistic and misconceived indicators should be disregarded in order to focus on others which are realistic, measurable and relevant to assessing progress made. Finally, the updated ARQ should incorporate the new aspects of global drug control enshrined in the UNGASS Outcome Document, in particular in the areas of human rights, availability of controlled medicines, improved access to health services and better health outcomes, and the implementation of development programmes in areas affected by supply-side activities to reduce the risk factors of engagement in illicit economies.[13]

Such a change will require embedding new metrics and indicators in the broader framework of the Sustainable Development Goals (SDGs), especially SDG 1 (No poverty), 3 (Good health/wellbeing), 5 (Gender equality), 8 (Decent work and economic growth), 10 (Reduced equalities) and 16 (Peace, justice and strong institutions) — and beyond the SDGs, in the top three priorities of the United Nations system as a whole: human rights, development and peace and security.

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[10] See: http://www.unodc.org/ungass2016/en/contributions.html; also see: Hallam, C. (March 2016), *Striving for system-wide coherence: An analysis of the official contributions of United Nations entities for the UNGASS on drugs* (London: International Drug Policy Consortium), http://idpc.net/publications/2016/03/striving-for-system-wide-coherence-an-analysis-of-the-official-contributions-of-united-nations-entities-for-the-ungass-on-drugs.

[11] See, for example: Social Science Research Council and International Peace Institute (2018), *Aligning agendas: drugs, sustainable development, and the drive for policy coherence*, https://www.ipinst.org/wp-content/uploads/2018/02/1802_Aligning-Agendas.pdf; Bewley-Taylor, D. (2017), "Refocusing metrics: Can the sustainable development goals help break the 'metrics trap' and modernise international drug control policy?", *Drugs and Alcohol Today*, 17(2): 98–112. Also see a summary of the various Commission on Narcotic Drugs side events organized on the issue of indicators over the past few years: http://cndblog.org/2017/03/preparing-for-2019-drug-policy-objectives-and-indicators-system-wide-coherence-and-the-sustainable-development-agenda/, http://cndblog.org/2015/03/towards-better-measurements-and-improved-system-wide-coherence-policy-indicators-development-and-public-health/ and http://cndblog.org/2014/03/side-event-current-drug-policies-evaluating-indicators-examining-future-options/.

[12] Process indicators are inherently flawed — in particular because they do not measure the effects of interventions on either the scale or diversification of drug markets, or on the people and communities most affected. See: Bewley-Taylor, D. (2017), "Refocusing metrics: Can the sustainable development goals help break the 'metrics trap' and modernise international drug control policy?", *Drugs and Alcohol Today*, 17(2): 98–112.

[13] Bewley-Taylor, D. and Nougier, M. (2018), *Measuring the world drug problem: ARQ revision beyond traditional indicators* (Global Drug Policy Observatory), http://idpc.net/publications/2018/01/measuring-the-world-drug-problem-arq-revision-beyond-traditional-indicators.

## Building upon the UNGASS Outcome Document

The UNGASS Outcome Document represents the most recent global consensus on drugs and a blueprint for action going forward. It should therefore not be sidelined in 2019. Important factors to retain include its seven-chapter structure: health, access to medicines, supply reduction, human rights, evolving trends and realities, international cooperation, and development — which represents a major advance on the three pillars of the 2009 Political Declaration.

The language from 2016 is a significant improvement on previous documents in terms of human rights, sensitivity to gender, development and health.[14] Moreover, the drug market, and the world more broadly, has changed significantly since 2009 — in particular the emergence of online drug markets and new psychoactive substances. These aspects are better addressed in the Outcome Document than in previous high-level declarations. Given that Outcome Document is the most recent consensus, it would be expedient to focus on its operationalization, and the identification of new indicators for better data collection.

Finally, an open and constructive discussion on cannabis and potential policy reform are long overdue. Cannabis was insufficiently discussed at the 2016 UNGASS, despite the fact that some jurisdictions had already legally regulated the substance and others announced they would be doing so. The 2019 Ministerial Segment is a critical juncture to take up UNODC's 2006 recommendation and "discuss redefining the status of cannabis".[15]

## An inclusive process

The 2019 process should be open and transparent to allow for genuine debate. The intersessional meetings that have taken place in Vienna over the last two years, focusing on the seven themes of the Outcome Document,[16] could usefully evolve into expert group meetings based on the seven UNGASS themes, with clear recommendations and actions focused on the operationalization of the Outcome Document.

To ensure inclusive discussions, all relevant United Nations entities — with strong leadership from the United Nations Secretary-General — should be able to participate in the preparations and at the segment itself, to ensure system-wide coherence in drug control. Mechanisms should also be in place to facilitate the engagement of all member States, including those that do not have permanent missions in Vienna — such as facilities for remote participation, meetings held in other United Nations capitals, and financial support for all member States (and not just Commission on Narcotic Drugs members) to attend the Ministerial Segment.

The involvement of civil society, academia and affected populations should also be strengthened, building upon good practice from UNGASS, with a coordinating role given to the Civil Society Task Force (CSTF). This entails that adequate funding be provided to CSTF and the holding of a Civil Society Hearing ahead of the Ministerial Segment.

[14] For more details on evolution in United Nations agreed language on key drugs issues, see: Bridge, J., Hallam, C., Nougier, M., Herrero Cangas, M., Jelsma, M. Blickman, T. and Bewley-Taylor, D. (2017), *Edging forward: How the UN's language on drugs has advanced since 1990* (International Drug Policy Consortium, Transnational Institute and Global Drug Policy Observatory), http://idpc.net/publications/2017/09/edging-forward-how-the-un-s-language-on-drugs-has-advanced-since-1990.

[15] United Nations Office on Drugs and Crime (2006), "Chapter 2, Cannabis: Why we should care", *World Drug Report 2006*, http://www.unodc.org/pdf/WDR_2006/wdr2006_chap2_why.pdf.

[16] See: http://www.unodc.org/unodc/en/commissions/CND/CND_Meetings-Current-Year.html.

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# Aligning Agendas: Drugs, Sustainable Development, and the Drive for Policy Coherence

*March 2018*

In April 2016 the United Nations General Assembly convened a special session on the world drug problem in order to review and evaluate existing drug control policies and strategies. More specifically, the special session (UNGASS) set out to "review the progress made in the implementation of the Political Declaration and Plan of Action, including an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments." The UNGASS 2016 outcome document represents the most recent global consensus on drug policy and signals a shift toward placing public health, development, and human rights at its centre.

In the months preceding UNGASS, several civil society organizations and some member States were vocal about the importance of using the special session to reconsider how the success of drug policy is measured. An important part of the reasoning behind this call was that current drug policy too often has a negative impact on communities and runs counter to efforts to ameliorate poverty through sustainable development.

Although the UNGASS 2016 outcome document does not heed this call directly, the preamble does "promote research by States ... to better understand factors contributing to illicit crop cultivation ..., including through the use of relevant human development indicators, criteria related to environmental sustainability and other measurements in line with the Sustainable Development Goals." This paper looks to further this debate, arguing that aligning the way we measure and evaluate drug policies with the 2030 Agenda for Sustainable Development will have two clear benefits:

1. It will help overcome many of the limitations of effective drug policies resulting from suboptimal metrics for measuring their impact; and

2. It will help make sure that drug policies enhance, rather than hinder, efforts to achieve the SDGs.

Drug policies therefore need to be designed in coordination with other relevant policy agendas to guarantee that achievements in one agenda do not hinder those in another. In fact, achieving the SDGs will address many of the factors driving vulnerable populations to engage in the illicit drug trade.

As countries design plans of action for implementation of the 2030 Agenda, policymakers should therefore be conscious of the relationship between drug policies and the SDGs to make sure drug policy goals and objectives are not undermining the SDGs. This would go a long way in helping to make drug policy metrics more precise, more complete, and better conceived. This paper therefore puts forward the following recommendations for policymakers:

1. Develop a framework for policy coherence: Drug policies and the SDGs need to be coherent with each other if the SDG targets are to be met by 2030. Toward this end, the Office of the United Nations Deputy Secretary-General should establish a process for developing adequate indicators for Target 17.14 ("enhance policy coherence for sustainable development"). With the support of UNODC and other key agencies, it should also develop a framework for coherence between drug policy and sustainable development, inspired by similar processes such as the Organisation for Economic Co-operation and Development's (OECD) Framework for Policy Coherence for Sustainable Development.

2. Create an external advisory committee: To help the United Nations system monitor the effects of drug policies on progress toward the SDGs, the Office of the United Nations Deputy Secretary-General should create an external advisory

committee bringing together experts on drug policy and sustainable development. This committee could work with governments to assist in the development and application of coherent and appropriate indicators.

3. Add SDG indicators related to drug policy: In the fourth quarter of 2018, the Inter-Agency and Expert Group on SDG Indicators (IAEG) will initiate a comprehensive review of the current indicators. The results will be submitted to the United Nations Statistical Commission to consider and decide on at its 2020 session. The process will be repeated beginning in the fourth quarter of 2023 in advance of the commission's 2025 session. The guidelines for these reviews specify that indicators could be "added, deleted, refined or adjusted" if, among other reasons, additional indicators are needed to cover all aspects of the target or if existing indicators are not effectively measuring progress. The commission should consider adding indicators that are specifically related to drug policy or that contribute to more accurately measuring the impact of drug policy on progress toward the SDGs.

4. Put in place mechanisms to gather data on the effects of drug policies: In the second half of 2017, the United Nations Statistical Commission requested the IAEG "to develop detailed guidelines of how custodian agencies [for the SDGs] and countries can work together to contribute to the data flows necessary to have harmonized statistics" for global reporting of SDG data. In developing these guidelines, the IAEG, as well as the custodian agencies beyond UNODC, could consider putting in place mechanisms for collecting data on the effects of drug policies.

5. Use the SDG indicators as a model for improving drug policy indicators: Independent of the 2030 Agenda, the drug policy community should examine how the SDG indicator framework can serve as a model for similarly ambitious drug policy metrics. A first step would be to improve data collection standards for the indicators used in the annual report questionnaire, which could help these questionnaires evolve to more comprehensively identify whether drug policies are attaining their goals.

6. Prioritize outcome-oriented metrics: When evaluating the impact of drug policies, United Nations Member States should broaden their focus beyond process-oriented metrics that concentrate predominantly on supply and demand. To do this, Member States should take advantage of the process of developing SDG indicators to collect and utilize data that allows them to holistically evaluate drug policies, particularly in relation to policy outcomes.